

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/07/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155209		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 08/10/2011	
NAME OF PROVIDER OR SUPPLIER WATERS OF CLIFTY FALLS, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 950 CROSS AVE MADISON, IN47250			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00093727.</p> <p>Complaint IN00093727 - Substantiated. No deficiencies related to the allegation are cited..</p> <p>Unrelated deficiency cited.</p> <p>Survey Dates: August 9 & 10, 2011</p> <p>Facility number: 000116 Provider number: 155209 AIM number: 100266330</p> <p>Survey team: Janie Faulkner, RN</p> <p>Census bed type: SNF/NF 97 Total 97</p> <p>Census payor type: Medicare 13 Medicaid 71 Other 13 Total 97</p> <p>Sample: 4</p> <p>The Waters of Clifty Falls was found to be in substantial compliance with 42 CFR Part 483, Subpart B in regard to the</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0223 SS=A	<p>Investigation of Complaint IN00093727. The following deficiency is cited in accordance with 410 IAC 16.2.</p> <p>Quality review 8/17/11 by Suzanne Williams, RN The resident has the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.</p> <p>The facility must not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion. Based on record review and interview, the facility failed to ensure a resident remained free from abuse, related to a resident (#D) being kicked by another resident (#B). This affected 1 of 4 residents reviewed for abuse in a sample of 4. (Resident #D)</p> <p>Findings include:</p> <p>During the initial tour on 8/9/2011 at 9:05 A.M., with Employee #1/LPN on the 100 Hall, she indicated Resident #B had kicked Resident #D yesterday and that the facility had reported it to ISDH. Employee #1/LPN indicated Resident #B's behaviors were usually directed at staff.</p> <p>Review of the "Incident Documentation and Investigation Tool" completed 8/8/2011 at 7:50 A.M. by the nurse in the</p>			F0223	<p>Preparation and/or execution of this plan of correction in general, or this corrective action in particular does not constitute an admission or agreement by this facility of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of correction and specific corrective action are prepared and/or executed in compliance with state and federal laws.F223 Free from Abuse/Involuntary SeclusionIt is the intent of this facility to implement our policy and procedure of a full/complete Investigation of all allegations of abuse and to report to ISDH. 1. ACTION TAKEN:In regards to resident #B: Surveyor aware of allegation upon arrival. Incident Documentation and Investigative Tool completed 8/8/11 at 7:50 am by the nufsrse in the dining room. Resident was removed from the dining room and brought back to the nurses station and placed on</p>		08/30/2011

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	<p>dining room, indicated Resident #B was sitting beside Resident #D in the dining room eating breakfast when Resident #B kicked Resident #D on her left shin causing her to flinch. "[Resident #B] was removed from the dining room and brought back to nurses station and placed on 1:1 supervision/intervention after the incident occurred." The MD and families for both residents were notified with no new orders. The residents were placed at different tables where they would not be sitting together. "Continue inservicing staff on abuse policy and procedure, staff to continue monitoring residents during meals to intervene prior to an event occurring."</p> <p>On 8/8/11 at 7:50 A.M., Employee #2/LPN wrote the following statement, "I was in Large Dining Room. CNA reported to me that [Resident #B] was being rude to [Resident #D] because she was playing with the sugar packets. I immediately headed towards their table when I see [Resident #B] lean back and I noticed her take her (R) [right] foot and kick [Resident #D] in (L) [left] shin causing her to flinch. I immediately took [Resident #B] out of the dining room and back to the nurses station. After checking on [Resident #D], a 3 cm x 3 cm reddened area was noted on (L) shin," signed by Employee #2/LPN.</p>				<p>1:1 supervision/intervention after the incident occurred. The MD and families for both residents notified. The residents were placed at different tables where they would not be sitting together in the future. Continue inservicing staff on abuse policy and procedure. 2. OTHERS IDENTIFIED: This was an isolated incident/case were Resident #B had kicked Resident #D on her left shin causing her to flinch. No other resident kicked by residents #B. 3. MEASURES TAKEN: A. The resident were placed at different tables where they would not be sitting together. B. Continue inservicing staff on abuse policy and procedure. C. Staff to continue monitoring residents during meals to intervene prior to an event occurring. 4. HOW MONITORED: A. Administrator/Designee to review all incidents to determine allegations of abuse as they occur, during daily QA meeting with Department Managers to ensure the Abuse Policy and Procedure has been implemented, if necessary, and is being followed correctly. B. All Abuse Investigations will be reviewed in the quarterly QA meeting with the Medical Director. 5. DATE COMPLETED: This Plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of compliance is August 30,</p>		

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	<p>On 8/8/11 at 8:00 A.M., Employee #3/LPN wrote the following statement, "After seen by another nurse kicking another resident, was brought up to nurse's desk, she asked me to tell Employee #2/LPN she wouldn't kick anybody else if she could go to MDR [main dining room] to eat breakfast." signed by Employee #3/LPN.</p> <p>Review of Resident #B's record on 8/10/2011 at 9:00 A.M., indicated the resident was admitted with diagnoses including, but not limited to, atrial fibrillation, psychosis manic type, mood disorder, anxiety, and chronic obstructive pulmonary disease. Resident's most recent MDS [Minimum Data Set] on 7/29/2011 indicated Resident #B was cognitively intact with BIMS [Brief Interview for Mental Status] score of 14, required extensive to total assistance of 1 to 2 persons for most activities of daily living, and had behaviors that have worsened since last quarter.</p> <p>Interview with the Social Services Director at 4:05 P.M., on 8/10/2011, indicated "[Resident #B] comes and goes, has been good on 1:1 visits, is sometimes easily redirected, and hasn't affected other residents until [Resident #D]. I called [another facility] to try to place her in</p>				2011.		

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	<p>their behavior unit, but they don't have an empty bed, but as soon as they do she can transfer there. In the meantime, I plan on doing more 1:1 visits with [Resident #B] and work on a behavior plan with her... [Resident #B] will continue to be 1:1 supervision until transferred to long term care behavior unit." Resident #B was still on 1:1 supervision at the time of the survey.</p> <p>On 8/10/2011 at 5:45 P.M. Resident #D's record indicated the resident was admitted with, diagnoses including, but not limited to: dementia, cancer, osteoporosis, anemia, and depression. Resident #D's most recent MDS assessment on 6/7/2011 indicated Resident #D was cognitively impaired with BIMS score of 2 and required extensive to total assistance of 1 to 2 persons for activities of daily living.</p> <p>During an interview with Resident #D on 8/10/2011 at 6:00 P.M., she indicated another resident had kicked her. She stated, "yes, she kicked me right here [resident touched her left shin] and it hurt." "I know who did it, but I don't know her name." "No, my leg doesn't hurt now, but it did."</p> <p>3.1-27(b)</p>						

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